FOOD STAMP OVERISSUANCE CASE WORKSHEET

Case Name	Case Number	"Claim Number"
Agency	Supportive Services Planner	Date

	Income Month/Year →						
	Payment Month/Year →						
1	Group Size						
2	Vehicle Assets						
3	Other Assets						
4	Total Assets (2 plus 3)						
5	Asset Limit						
6	Earned Income						
7	Unearned Income						
8	Total Gross Income (6 plus 7)						
9	Gross Income Limit						
10	Excess Medical Expense						
11	Subtract 10 from 8						
12	Earned Income Deduction *						
13	Subtract 12 and 11						
14	Standard Deduction						
15	Subtract 14 from 13						
16	Dependent Care Expense						
17	Shelter Deduction						
18	Child Support Paid						
19	Add 16, 17 and 18						
20	Total Net Income (15 minus 19)						
21	Net Income Limit						
22	Allotment						
23	Prior Monthly Recoupment Withheld						
24	Correct Allotment (22 minus 23)						
25	Actual Issuance (Note: If 22=0, add 23 to this figure before entering)						
26	Underissuance (25 minus 24)						
27	Food Stamps Overissued (25 minus 24)						

Total all line 27 amounts $ _____ **Minus** Total all line 26 amounts $ _____ . This equals Amount to be

Repaid for this Food Stamp Overissuance $ _____ .

*When overissuance occurs because the group intentionally failed to report earned income, do not apply the earned income deduction.

Distribution: Client, Case Record